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HOMEOWNERSHIP OPPORTUNITY PROGRAM

INITIAL APPLICATION

FALL 1988 FUNDING COMPETITION

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DUE NO LATER THAN:

TUESDAY, DECEMBER 6, 1988

5:00 P.M.

SECTION A: FILING INSTRUCTIONS

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HOMEOWNERSHIP OPPORTUNITY PROGRAM

INITIAL APPLICATION PACKAGE

FALL 1988 FUNDING COMPETITION: FILING INSTRUCTIONS

Seven full sets of the HOP initial application must be submitted no later than 5:00 p.m. on Tuesday, December 6, to the:

Homeownership Opportunity Program
Massachusetts Housing Partnership
c/o Executive Office of Communities and Development
100 Cambridge Street, 14th Floor
Boston, MA 02202

HOP initial applications received at the Massachusetts Housing Partnership after 5:00 p.m. on Tuesday, December 6, 1988, will not be accepted for consideration during the funding competition.

In addition, one full set of the application package must be submitted by December 6 to the chief elected official of the community in which the project will be located. You may wish to request a receipt for the application provided to the community.

A check for the HOP initial application fee, made out to the Massachusetts Housing Finance Agency, must be submitted with the application package. The fee is \$3 per every \$1,000 of MHFA mortgage financing requested, up to a maximum fee of \$3,000. (The maximum fee for non-profit sponsors is \$500.)

Please refer to the September 1988 guidelines as you prepare this initial application for funding.

Use the following standards for packaging applications:

- o Use 8-1/2" x 11" paper. Do not submit 8-1/2" x 14" documents unless they are included in this application package.
- o Use dividers with clearly marked tabs to separate sections of the application.
- o Mark one of the seven application sets as the set containing all required original signatures and the application fee.
- o Bind each application at the top, using a two-hole center punch.
- o Fold architectural plans and submit three full sets with the application package. Please do not roll plans.
- o Enclose required exhibits in the appropriate sections. If you wish to submit information not requested in the application, submit it as a separate section of your proposal and clearly identify it as additional information.

Note: Sponsors of HOP initial applications selected for funding will be invited to submit HOP mortgage applications to the Massachusetts Housing Financing Agency. A list of the documents required in the mortgage application is available at MHFA.

SECTION B: APPLICATION SUMMARY SHEET



B. APPLICATION SUMMARY SHEET

1. Project identification	
Project Name:	
Site Address:	
(Street)	
(Community)	
(Zip Code)	
Developer:	
Contractor:	
II. <u>Application Type</u> (Check one box only):	
Community-supported	Developer-only
(A community-supported application mulletters from the chief elected official housing partnership (if one exists). contain these sign-offs and support leapplication.)	al and the chairman of the loca If an application does not
III. Number/Percentage of Units	
	Percentage of Number Total Units
Public Housing Units (Ch. 705/Ch. 689	
HOP-assisted units	
MHFA-assisted units *	
Market units	· ·
Total number o	of units
(* MHFA-assisted units are not inclu-	ided in every application)
IV. Number/Percentage of Three-Bedroom Aff	Fordable Units Percentage o Number Total Units
Three-bedroom public housing units: Three-bedroom HOP-assisted units:	

V. Comprehensive Permit Information	tion
o Will this project require	e a comprehensive permit?
Yes	No
o Has the comprehensive per	rmit been granted?
Yes	No
o What is the density of th	he project in units per acre?
VI. Requested Financing:	
Total MHFA Funds:	\$
Total HOP Funds:	\$

SECTION C: THE COMMUNITY

C. THE COMMUNITY

I. Community Information

Chief Elected Official	(Name)	
	(Title)	
	(Address)	
	(City/Town)	 (ZIP)
	(Telephone)	
Local Housing Partnership (If any)	(Chair)	
(20 323)	(Address)	
	(City/Town)	 (ZIP)
	(Telephone)	
City/Tayn Dlannon	(Nama)	
City/Town Planner (If any)	(Name)	
	(Address)	
	(City/Town)	 (ZIP)
	(Telephone)	
Community Contact Person	(Name)	
for this Project		
	(Address)	
	(City/Town)	 (ZIP)
	(Telephone)	
Comprehensive Permit Proje	ects Only:	
Chairman, Zoning Board of Appeals	(Name)	
	(Address)	
	(City/Town)	 (ZIP)
	(Telephone)	

II.	Local	Cont	ribut	ions
11.	LUCAI	COLL	LIDUL	LOHS

	A. Which of the following contributions has the community made to the project? Please check:
	o Land Donation o Building Donation o Marketing Assistance o Other Work of Local Staff o Comprehensive Permit Granted o Density Increase o Waiver of Permit Fees o Local Funds (Cash) o Amount \$
	B. Has the community contributed to the project in ways other than those listed above? If so, please indicate:
III.	Local Approvals COMMUNITY-SUPPORTED APPLICATIONS ONLY If this application is community-supported, please complete this section. (By HOP definition, a community-supported application is supported both by the chief elected official and by the local housing partnership if one exists.)
	A. Letters of Support
	o Enclose a letter of support for your project from the chief elected official.
	o Enclose a letter of support for your project from the local housing partnership (if one exists).
	B. Signatures of Support
	Provide the signatures requested below:
	Chief Elected Official Local Housing Partnership
	Date

SECTION D: THE PROJECT

D. THE PROJECT

I.	Proj	ect Information			
	Α.	<u>Development Type</u> (Check):			
		o Single Family (Detached)			
		o Single Family (Attached - Fee Simple)			
		o Condominiums			
		o Cooperatives _			
		o Other			
	В.	Project Style (Check):			
		o Single Family Detached _			
		o Townhouse _			
		o Low-Rise			
		o Mid-Rise (30 - 75 feet) _			
		o Other (Specify)			
	С.	Construction Type (Check):			
		o New Construction			
		o Rehabilitation			
		o Stick-built			
		o Modular/Manufactured			
		Name of Manufacturer Co Address City/Town Contact Person Phone Number Registration Number	·		
	D	. <u>Unit Summary</u>		Number	Percentage o Total Units
		Public Housing Authority Un: HOP-assisted Units MHFA-financed Units * Market Units Total Units	its		

E. <u>Unit Composition</u> Complete the chart below. Include a separate entry for each unit type according to its square footage and/or sales price. Example: The project will contain three HOP units, each with 1200 square feet. One HOP unit will sell for \$75,000; one for \$85,000; and one for \$95,000. Prepare three separate entries for the three HOP units.

TYPE OF UNIT	# OF UNITS	# OF BEDROOMS	# OF BATHS	LIVEABLE SQ. FOOTAGE	SALES PRICES
PUBLIC HOUSING					
HOP - ASSISTED					
MHFA * FINANCED					
MARKET UNITS					

* Many applications will contain <u>no</u> MHFA-financed units. An MHFA-financed unit is different from a HOP-assisted unit in sales price limits, household income limits, and mortgage interest rates.

F	Un	i t	. T	ot.	als	-bv	Be	dr	ooms	:

Total	number	of	2	bedroom	units:	
Total	number	$\circ f$	3	bedroom	units:	
Total	number	of	4	bedroom	units:	



G. Affordability Analysis: Calculate the affordability of the HOP-

a separate affordabili different price. If E	project using the ty chart for each MOP units are selli	following meth HOP unit selling for three d	nod. Prepare
Unit Price:			
Mortgage [(a) x 95%)]	:		
Monthly Mortgage Paym	ent [(b) x .005684	2]:	
Mortgage Insurance [(b) x .0003125]:		
Local Tax Rate:			per \$1,000
Monthly Property Taxe	es [(a) x (e)/1000/	12]	
Hazard Insurance [(b)	x .0004166]:		
Condo Fees:			
Total Monthly Costs [c + d + f + g + h]	:	
Minimum Income Requir Purchase [(i) x 12 x	ed to Qualify to 3.57]:		
			-
	Dates Trice	MITTIMEM TITCOM	ie Needed
Del Ol Bedlooms.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
	assisted units in the a separate affordabilidifferent price. If Forices, prepare three Unit Price: Mortgage [(a) x 95%)] Monthly Mortgage Paymortgage Insurance [(b) Local Tax Rate: Monthly Property Taxe Hazard Insurance [(b) Condo Fees: Total Monthly Costs [Minimum Income Require Purchase [(i) x 12 x 1	assisted units in the project using the a separate affordability chart for each different price. If HOP units are selliprices, prepare three different affordab Unit Price: Mortgage [(a) x 95%)]: Monthly Mortgage Payment [(b) x .005684 Mortgage Insurance [(b) x .0003125]: Local Tax Rate: Monthly Property Taxes [(a) x (e)/1000/Hazard Insurance [(b) x .0004166]: Condo Fees: Total Monthly Costs [c + d + f + g + h] Minimum Income Required to Qualify to Purchase [(i) x 12 x 3.57]: Summary of Affordability Analysis of HOP -assisted Units Sales Price ber of Bedrooms: Summary Sales Price Summary Sales Price	assisted units in the project using the following methal separate affordability chart for each HOP unit sellid different price. If HOP units are selling for three oprices, prepare three different affordability charts. Unit Price: Mortgage [(a) x 95%)]: Monthly Mortgage Payment [(b) x .0056842]: Mortgage Insurance [(b) x .0003125]: Local Tax Rate: Monthly Property Taxes [(a) x (e)/1000/12] Hazard Insurance [(b) x .0004166]: Condo Fees: Total Monthly Costs [c + d + f + g + h]: Minimum Income Required to Qualify to Purchase [(i) x 12 x 3.57]: Summary of Affordability Analysis of HOP-assisted Unit -assisted Units Sales Price Minimum Incomber of Bedrooms: S S S S S S S S S S S S S S S S S S S

I. Affordability Analysis -- MHFA-financed Units

If the project contains MHFA-financed units, calculate affordability using the following method. Prepare a separate affordability analysis for each differently-priced MHFA unit.

(a)	Unit Price:	
(b)	Mortgage [(a) x 95%)]:	
(c)	Monthly Mortgage Payment [(b) x .0076934]:	
(d)	Mortgage Insurance [(b) x .0003125]:	
(e)	Local Tax Rate:	per \$1,000
(f)	Monthly Property Taxes [(a) x (e),1000 12]:	
(g)	Hazard Insurance [(b) \times .0004166]:	
(h)	Condo Fees:	
(i)	Total Monthly Costs [c + d + f + g + h]:	
(j)	Minimum Income Required to Qualify to Purchase $[(i) \times 12 \times 3.57]$:	

J. <u>Summary of Affordability Analysis of MHFA-financed Units</u>

HOP-assisted Units	Sales Price	Minimum Income Needed
Number of Bedrooms:		
	\$ \$	\$
	\$	\$
	\$ \$	\$
	\$	\$ \$
	\$ \$	\$
	\$ \$	\$ \$
	\$ \$	\$ \$
	\$	\$

Attach a letter from the local housing authority indicating interest in purchasing at least 5% of the HOP-assisted units. If you cannot provide such a letter, explain why:

III.	Commercial Space					
	Will any commercial space	e be devel	oped as part of this project?			
	Yes		No			
	If "yes", please provide	the follo	wing information:			
	o Number of commercial units: o Total square footage devoted to commercial use: o Percentage of total project square footage for commercial use:					
	If "yes", what type of commercial business use is proposed?					
IV.	Amenities					
	<pre>Indicate any special amenities to be included in your project (Check):</pre>					
	Covered Parking		Dishwasher			
	Garages for all Units		Disposal			
	Swimming Pool		Individual Washer/Dryer			
	Tennis Court		Laundry Room			
	Clubhouse		Exercise Equipment			
	Whirlpool		Racquetball/Squash Courts			
	Cable T.V.		T.V. Security			
	Sauna/Steam Room		Day Care			
	Other (Specify)					



	Will all amenities be a buyers?	vailable to HOP buyers as we	ll as market
	Yes	No	
	If "no", explain the di	fference in the amenity pack	ages:
ν.	Condominium Association F	<u>'ees</u>	
	o List the costs and se	rvices to be included in the	condominium fee:
	o Will the condominium	fee include any developer su	heidu?
	Yes		osta, .
		e amount, duration, and focu	s of the subsidy:
VI.	Development Schedule		
	If you plan to develop first vertical column.	w by providing the appropria the project in one phase, co If you plan to develop in to cond and/or third columns as	mplete only the wo and/or three
		Phase 1 Phase 2	Phase 3
	o Number of Units o All Permits Granted o Construction Start o 50% Complete o Marketing Start o 100% Complete		

VII. Subsidies in Addition to HOP Financing

A. Community Development Action Grant (CDAG) Funds

	If you are seeking CDAG funds in support of the project, the community in which the project will be located must submit five full sets of the CDAG application with this HOP initial application. In addition, please provide the following information:				
	o amount of CDAG to be requested	\$			
	o amount of CDAG per affordable unit ("affordable" is defined as HOP- assisted and public housing units)	\$			
	o proposed use of CDAG funds (check):				
	Streets/sidewalks Water/sewer Drainage Other (specify)				
В.	Other Public Funds				
	If you are seeking other public funds in support of your project, provide the following information:				
	o Funding source:				
	o Amount needed:				
	o Status of Funding Application:				

SECTION E: THE SITE

•

E. THE SITE

. Site Address
Street:
Community:
Zip Code:
I. <u>Site Characteristics</u> A. Summary description:
B. Total number of acres:
C. Total number of buildable acres:
D. Presence of development constraints: (Describe any features of the site wetlands; unusual slope; railroad tracks; power lines; location in a historic district; hazardous waste; etc that may affect development.)
II. Zoning
A. Current zoning:
Zoning classification:
Usage allowed:
Units per acre allowed:

If zoning is "agricultural", the Massachusetts Department applicability of Executive Or	have you received notification from of Food and Agriculture of the rder 193 to the site?
Yes	No
If "Yes", please include a co	opy of the letter with this section.
B. Proposed changes to current zon	ning:
Does this project seek a comp	orehensive permit?
Yes	No
If "Yes", please complete pag	ge 21.
If "No", please complete page	22.

COMPLETE THIS PAGE FOR COMPREHENSIVE PERMIT PROJECTS ONLY

1. When was a site approval application filed with MHFA?

(Note: All site approval applications for comprehensive permit projects are due before 5:00 p.m., December 6, 1988.)

2.	Has MHFA approved your site a	application?	
	Yes	No	
	If "Yes", include a copy of t	the letter with this section.	
3.	Has the local zoning board of	f appeals granted the comprehensive perm	it?
	Yes	No	
	If "Yes", please attach a cop complete the remainder of thi	py of the permit with this section. Do not be page.	not
	If "No", please complete the	remainder of this page.	
4.	When did you file a comprehen zoning board of appeals?	nsive permit application with the local	
5.	What are the major proposed z comprehensive permit applicat	zoning changes requested in the tion?	
6.	What is the status of the com local zoning board of appeals	mprehensive permit application before the s?	е
7.	When is the zoning board of a comprehensive permit applicat	appeals expected to rule on the tion?	

COMPLETE THIS PAGE ONLY FOR PROJECTS NOT REQUIRING COMPREHENSIVE PERMITS

	Yes	S	 No		
2.	If "Yes", descriprocess, and the				ovals
3.	If the proposed will be allowed		what density,	, in units p	per acre,

1. Does this project propose a change to current zoning?

IV. Other Required Permits

Indicate any other permits or approvals which must be obtained prior to the start of construction:

to the star	t of constructio	n:		
Per	rmit		Applicat	ion Filed
Conservatio	on Commission		Yes	No
Environment	al Impact Report		Yes	No
DEQE Sewage	e Treatment Plant		Yes	No
DPW / MDC C	Curb Cut		Yes	No
Other (Spec	eify)			
		-	Yes	No
		-	Yes	No
			Yes	No
V. Site Control				
purchas	currently own the e and sale agreen t of the land at	ment. In	addition, provi	de verification of
B. If you the fol	currently hold a lowing informati	n option on:	to purchase the	e site, provide
1. Name	and address of	seller:	,	
2. Prop	posed selling pri	.ce;		
3. Exp:	iration date of c	option ag	reement:	eement with this

(Note: Attach a full copy of the option agreement with this section.)

С.	If you neither own the site nor hold an opti	on to purchase,
	describe the current ownership of the proper	ty and how you
	intend to obtain site control.	

VI. Necessary Infrastructure

A. Water

- 1. If municipal water service is intended, is it available and approved for the number of units this project will contain?
- 2. If municipal water service is intended but not approved, describe the process and timetable for obtaining necessary approvals.
- 3. If water will be provided through individual wells, describe the process and timetable for obtaining necessary approvals.

B. Sewer

- 1. If municipal sewer service is intended, is it available and approved for the number of units this project will contain?
- 2. If municipal sewer service is intended but not approved, describe the process and timetable for obtaining approvals.



3.	f a system other than municipal service is intended	
	ndividual septic tanks, a package treatment plant, or	
	another system describe the type of system proposed, the	
	approvals process for the intended system, and the status o	o f
	necessary approvals.	

0	Pondunus
С.	Roadways

Wil	1 1	new	roadways	be	required	in	support	of	this	deve	elopment?
		Yes				No			_		
Τſ	"Se	25 H	describe	th.	e annroya	als	nrocess	for	the	neu:	roadways

VII. Directions to the Site

Provide detailed site directions from Boston. Directions should include visual indicators of the site. If possible, provide a photograph of the site with markers.

VIII. Community/Area Map of the Site

Enclose a map of the community, with the site clearly marked. Also mark the location of any sales comparables used in the market study.

(OPTIONAL)

IX. Aerial Map of the Site

If possible, provide an aerial photo of the site. Mark the site and identify surrounding land uses.

SECTION F: THE DEVELOPMENT TEAM -- MEMBERS AND EXPERIENCE

F. THE DEVELOPMENT TEAM -- MEMBERS AND EXPERIENCE

I. Development Team Principals:

0	Developer	(Name) (Firm Name) (Tax ID No.) (Address) (City/Town) (Telephone)	(ZIP)
0	Contractor/Builder	(Name) (Firm Name) (Tax ID No.) (Address) (City/Town) (Telephone)	(ZIP)
0	Architect/Engineer	(Name) (Firm Name) (Registration No.) (Address) (City/Town) (Telephone)	(ZIP)
0	Attorney	(Name) (Firm Name) (Address) (City Town) (Telephone)	(ZIP)
0	Marketing Agent	(Name) (Firm Name) (Address) (City Town) (Telephone)	(ZIP)

II. Team Experience -- Developer and Contractor

A. Complete the charts on the following pages for all housing projects undertaken by the developer and contractor during the past three years. Include projects currently in construction as well as completed.

- 31 -	1	1
	Project Name	
	Location	
	Number of units	
	r State Subsidy Program	-
	Type of Construction	
	Sales or Rental	
	Total Development Cost	
	Date of Completion	

- 32 -	
	Project Name
	Location
	Number of units
	State Subsidy Program
	Type of Construction
	Sales or Rental
	Total Development Cost
	Date of Completion

SECTION G: THE DEVELOPMENT TEAM -- AFFIRMATIVE ACTION

G. THE DEVELOPMENT TEAM -- AFFIRMATIVE ACTION

I. Development Team Profile

List all professional persons and business entities that will be working on this project (architects, lawyers, contractors, appraisers, engineers, consultants, etc.). Indicate whether any of the individuals or businesses are minority or women-owned. For all businesses that are <u>not</u> minority or women-owned, provide a breakdown of staff by race and <u>sex</u> of persons in each position.

	Minority	-Owned	Women-	-Owned
Developer	Yes	No	Yes	No
Architect	Yes	No	Yes	No
Engineer	Yes	No	Yes	No
Attorney	Yes	No	Yes	No
Marketing Agent	Yes	No	Yes	No
Contractor	Yes	No	Yes	No
Sub-Contractor(s)	Yes	No	Yes	No
Other (Specify)				
	Yes	No	Yes	No
	Yes	No	Yes	No
	Υes	No	Yes	No

II. Percentage of Ownership

Provide the name, address, and telephone number of a contact person at each minority/women-owned firm identified above. In addition, provide a profile of the number percentage of minorities and/or women employed by those firms. Enclose a separate sheet if necessary.

III. Project Affirmative Action Plan Program: Developer

The Massachusetts Housing Finance Agency (MHFA) requires all developers seeking MHFA financing to seek out qualified minority and female businesses and use their services. It is an objective of MHFA to create opportunities for minorities and women -- both individuals and business firms -- to participate in all phases of the design, construction, and maintenance of MHFA projects. This objective is fully consistent with the public purpose of integrating people of both sexes and of all races into the mainstream of our economy.

1.	are one name, crere, and phone number of the person on the
	developer's staff who will be responsible for approval and
	monitoring of the development team's effort to meet equal
	opportunity and affirmative action goals and objectives.

(Name)	
(Title)	
(Phone No.)	

2. Explain in <u>detail</u> the developer's program to ensure that the project's affirmative action plan program is in effect during all phases of the proposed project. Specify methods of assistance, monitoring and enforcement which will be used by the development team in the areas of marketing and construction.

III. Project Affirmative Action Plan Program: Contractor

- 1. What is the current minority and female composition of the contractor's staff?
- 2. Attach a list providing the following information for all projects constructed by the general contractor during the past 3 years:

	Project Name: Location: Percentage Minority Staffing: Percentage Female Staffing:
	Minority Business Utilization:
	MBE dollar amount: Percentage of total construction dollars:
	Female Business Utilization:
	WBE dollar amount: Percentage of total construction dollars:
3.	Give the name, title, and phone number of the general contractor's staff person(s) responsible for the E.O. and affirmative action program planning, implementation, and goals attainment for the proposed project.
	(Name): (Title): (Phone No.):

4. Business Participation:

What specific affirmative action goals and objectives are planned by the general contractor to ensure the use of 10% minority and 5% female businesses.

5. Workforce Participation:

State all E.O. hiring procedures, affirmative action outreach methods and resources which will result in the employment of 10% minority and 5% female in the construction of the development.

Has the general contractor identified any anticipated barriers to affirmative action and equal opportunity goals; if so, what alternative actions are planned to overcome these barriers?

V. Affirmative Fair Marketing -- Outreach, Barriers, Strategies

	_					
Α.	0u	+	120	2	\sim	h
Λ	- vu	_	1 C	\mathbf{c}		11

Indicate below w	which group(s)	in the ho	using market	area	are least
likely to apply	for housing,	because of	its locatio	n and	other
factors, unless	special outre	ach effort	s are made:		

White (non-Hisp	anic)
Black (non-Hisp	anic)
American Indian	
Hispanic	
Asian	

B. Affirmative Fair Marketing Barriers

Indicate those factors that you anticipate may or will prevent the above groups from applying:

Location of project
Proximity to transportation
Racial hostility
Type of housing
 Current and/or past patterns of segregation
Access to project advertising
Language barriers
Distance from usual social services/social activities
 Current or past patterns of discrimination
Distance from church, or religious institutions
Others
 -

C. Affirmative Fair Marketing Strategies

Indicate strategies and resources to be used for outreach:

Minority media
Community contact groups
Church newsletters
Local fair housing committee
Minority occupants of other housing managed by management
agent
Owner-sponsored trips to project site
Professionals representing outreach groups (ministers,
 doctors, social workers, employers, etc.)
Other

o What is the minority female composition of the marketing agent's workforce?

SECTION H: THE DEVELOPER -- REFERENCES AND CREDIT ANALYSIS



H. THE DEVELOPER -- REFERENCES AND CREDIT ANALYSIS

I. <u>Developer References</u>

The developer must fill out the following pages for his/her three most recently-completed housing projects.

--- PROJECT # 1 ---

Project Name:				
Location:				
Total Units:				
Date Completed:				
Development Type:	Housin	g Type:		Project Style:
Rental	Single	Family Deta	ched	Townhouse
Ownership	Single	Family Atta	ched	Low-Rise
Commercial	Condom	inium		Mid~Rise
	Cooper	ative		High-Rise
Total Development Co	ost:	\$		
Total Sales:		\$		
Construction Loan Am	ount:	\$		
Construction Lender:				
Contact Person:				
Address:				
			Zip	Code:
Telephone:				

DEVELOPER REFERENCES

--- PROJECT # 2 ---

Project Name:				·	
Location:					
Total Units:					
Date Completed:					
Development Type:	Housing	g Type:			Project Style:
Rental	Single	Family	Detached		Townhouse
Ownership	Single	Family	Attached		Low-Rise
Commercial	Condom	inium			Mid-Rise
	Coopera	ative			High-Rise
Total Development Cos	st:	\$			
Total Sales:		\$			
Construction Loan Amo	ount:	\$			
Construction Lender:		······································	 .		
Contact Person:					
Address:		<u> </u>			
				Zip C	ode:
Telephone:					

DEVELOPER REFERENCES

--- PROJECT # 3 ---

Project Name:		
Location:		
Total Units:		
Date Completed:		
<u>Development Type</u> :	Housing Type:	Project Style:
Rental	Single Family Detached	Townhouse
Ownership	Single Family Attached	Low-Rise
Commercial	Condominium	Mid-Rise
	Cooperative	High-Rise
Total Development Cos	st:	
Total Sales:	\$	
Construction Loan Ame		
Construction Lender:		
Contact Person:		
Address:		
	Zip (Code:
Telephone:		

II. Construction Financing Status

	A. Loan Amount Required	\$			
	B. Legal Name of Borrower(s):				
	Corporate Tax I.D. #:				
	Social Security #: (for Individuals)				
	C. Status of loan:				
	Applied For:				
	Conditional Commitment:		(If yes,	attach	letter
	Commitment Letter:	((If yes,	attach	letter
	Collateral Required:				
	D. Construction Lender:				
	4.2.2				
					
III.	Credit History				
	A. Legal name of borrower:				
	B. Construction loan applied fo	r or to be appli	ed for:	\$	

C. List real estate loans paid:

Project Name Lender Amount Terms Date Opened Date Paid

D. List real estate loans outstanding:

Project Name Lender Amount Terms Date Opened To Date

E. List three other loan references:

IV. Schedule of Real Estate Holdings

The information requested below must be submitted for the mortgagor of each proposed project. If the mortgagor is a limited partnership, a separate submission must be made for each general partner.

Project Name: Location:		
Proposed Mortgagor:		
Address of Mortgagor:		
General Partner(s):		
, ,		
Properties Owned by Pr	roposed Mortgagor	
Name of Property:		# of Units:
Market Value:		
Address:		
City:		
Owner:		
Mortgagee:		
Address:		
Contact/Telephone:		
Defaults:		
Public Subsidy:		
Tax Assessor		
Address:		
Delinquencies:		
Liability Ins. Agent:		
Address/Telephone:		
Name of Property.		6 - C H- 44 -
Name of Property: Market Value:		# of Units:
Address:		
City:		
Owner:		
Mortgagee:		
Address:		
Contact/Telephone:		
Defaults:		
Public Subsidy:		
Tax Assessor		
Address:		
Delinquencies:		
Liability Ins. Agent:		
Address/Telephone:		

«) -			

V. Credit Reference Authorization -- Developer

Name of Principal:	
Social Security #:	
Home Address:	
Telephone:	()
Agency and their a information regard accounts, credit of may require in condition MHFA mortgage fund This form MAY BE ITHE ORIGINAL CONSTITUTE THE ORIGINAL CONSTITUTE OF THE	consent to have the Massachusetts Housing Finance assigned credit bureau obtain any and all ding my employment, checking and or savings obligations, and all other credit matters which to nection with my application for a commitment of ds under the Homeownership Opportunity Program. REPRODUCED AND THAT COPY SHALL BE AS EFFECTIVE AS ENT which I have signed. The assigned credit bureau may call me to clarify
· Paramakana ahabada	and in my application on anodit history in order
expedite the proceed following telephone	ned in my application or credit history in order essing of my application. I can be reached at the numbers during the day:
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expedite the proceed following telephone Number: () Signature	Times available: From To

VI. Financial Statements -- Form 92417

Financial statements for individuals must be on the attached form 92417; must be completed and signed in accordance with the instructions; and must be current within six months of the date of the application for HOP funding. Financial statements for corporations must be prepared by a certified public accountant or a public accountant independent from the corporation. The statement may be audited or not audited but must contain the certified public accountant's <u>or</u> public accountant's opinion as to the statement. An audited statement must be current within one year. An unaudited statement must be current within six months.

VII. Instructions for Completing Personal Financial and Credit Statement

Preface

The combined financial statements of the developers must demonstrate available working capital of 5% and net worth of 15% of the proposed construction loan. Non-profit developers of limited dividend projects are exempt from the net worth requirement.

We request that you use the following guidelines in completing your Personal Financial and Credit Statement.

Current Assets

Cash on hand in banks: A copy of your most recent bank statement and/or passbook showing the current balance must be included (Exhibit 17) for each account listed in this section of the Personal Financial and Credit Statement.

Accounts Receivable and Notes Receivables: For amounts listed, also complete the section entitled, "Accounts and Notes Receivable". If account receivables include syndication proceeds, list syndicator's name, address, phone number, and contact person, and project name and address.

Stocks and Bonds: In lieu of completing Schedule A, a current broker's statement may be submitted.

Real Property: The amount entered in the "Real Property at Net" section of Assets should be determined after completing Schedule B-Real Property.

Other Assets: Include IRA and Keough Accounts with depository name and account numbers. If personal property is included, describe and attach method by which property has been valued. For all personal property included, list current portion of personal debt under liabilities section, "Debt Payable in less than one year secured by chattel mortgages or other liens on assets".

Current Liabilities

Accounts Payable and Notes Payable: For amounts listed, also complete the section entitled, "Accounts and Notes Payable".



Debts payable in less than one year (secured by mortgages on land and buildings): Include the portion of current payments for mortgages on land and buildings which are not self-supporting. Do not include current mortgage payments for personal residence(s) or self-supporting income property(s).

Debts payable in less than one year (secured by chattel mortgages or other liens on assets): Only include current portion of debt for assets which are listed in the appropriate section of the Personal Financial and Credit Statement.

<u>Pledged Assets</u>: Indicate type of asset pledged to secure letters of credit, passbook loans, and accounts used for purchase of stock options, etc.

Personal Financial and Godit Statement

U.S. Department of Housing and Urban Development
Office of Housing —
Federal Housing Commissioner



OMB No 2502-0001 (Exp. 6-30

				OHE NO ZOUZ-OUT (EXP. D	
Project 2 and	Project Fame		Location		
Statement of		DAT	A30'ess		
Assets	·.··		Liabilities and Net Worth		
Cast on hand in banks thank of depository	Balance	Total	Accounts Payable	s	
	s		Notes Payable		
			Debts payable in less than one year (secured by morpages on land and buildings)		
		\$	Debts payable in less than one year takeouted by chaire! mortgages or other terms on assets)		
Accounts Receivable	8		3		
Lass Doubtful Accounts					
Notes Receivable	8		Other current Babilities: (describe)		
Less. Doubtful Notes			s		
Stocks and Bonds — Market Value (Schedule A — reverse ade)					
Organia Assets (describe)			Total Current Liabilities:	\$	
	3		Debts payable in more than one year (secured by mortgages on land and buildings)		
			Debts payable in more than one year (secured by chattel incitigates or other items on assets)		
Fotal Current Assets		\$			
Real Property — at net* Schedule 8 — reverse ade)			Other habilities greenthe)		
Machinery Equipment and Fixtures — It ret			\$		
Lifa Insurance Cash velue less (bone)					
Other Assets (Muscribe)					
	1	i i			

Total Assets	
"Cos" Including	am provent
Accounts a	
Type (P.ER or O)	Name
Type (P.E.R or O)	Name
S	
(P.E.R or D)	Name
Life Insurance	
Dell'e e const	
Delinquenc	8

Type Liability

Personal Financial and Cadit Statement

U.S. Department of Housing and Urban Development Office of Housing — Federal Housing Commissioner



OMB No 2502-0001 (Exp. 6-30-86

HUD-82417 (4-85) 24 CFR 200 143 Maturity Dete Manually Amount ** Maturity Date Maturity Des Arrount • Debis payable in more than one year (secured by mortgages on land and buildings) Debts payable in less than one year decords or morpages on and and and buildings! Debts payable in more than one year recurse by datter inorgages or other lens on assets) Debts payable in less than one year tecured by orans morpages or other term on assets) Liabilities and Net Worth Total Liabilities and Net Worth current Labilities. Total Curent Liabilities: Other habilities greantle, Accounts Payable Offsetting Liability Offsetting Liability Total Liabilties Notes Payable Offsetting Liab Cerumstances New Worth Cercumstant Beneficiary 20.53 Orner (D)* ě 21 Face Value Amount Total 60 • • Non-If more space is mounted us a separate sheet of paper. Replaces FHA 24.17 which is obsolete. Balance ** ** • *Cost including improvements less depreciation Accounts and Notes Receivable Type (P.E.R. or) Name Accounts and Notes Payable Type (P.E.Rov Of Name Stocks and Bonds - Market Value (Scheduk A - reverse ade) Machinery Equipment and Fixtures et net On .. Current Assets (preprint Less Doubthul Accounts Real Property - at net Goldon B - mere add) Assets Cest or hand in band thans of deposition Other Assets mesorbe Piedged Assets
Type Pedged Accounts Receivable Less Doubtful Notes Total Current Assets Type (P.E.R.O.) Name Type P.E.R.O.J. Name Life Insurance Carn may bes bens) Definguencles Notes Receivable PERMO Type Peoped Project a grad Total Assets Type Predoed Life freumnos

Stocks and Bonds						
Impropried		Oursell Market Va	Current Market Value III Listed Name Exchange	ne Exchange		
Schedule B - Real Property (indican Priver Assidence If erry)						
Location and Description of Land and Buildings Owned	V 0	Original Cost	Market Value	Assessed Value	Mortgaged For -	Insured For -
Totals						
TELE (The woal and equitable bits to all pieces of the above-described real esiste of ablain any name ascept as follows.)	1 to 1,010 to	ny nama ascep as	follows)			
Location of Real Property		Name of Tit's Holdens	olders			
Bank and/or Trade References				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	here	
Agine and Address						
I hareby cartify that the foregoing figures and the statements contained here, submitted to obtain mortgage insurance under the National Housi Act, are true and give a correct showing of my financial condition as of this date.	ontained on as of	here, submitted this date.	to obtain mod	gage insurand	e under the Na	tional House

Legal Proceedings man aga proceedings have been estruted by cardiors, or any unsersted sudgments miner on mood give full details?

Waming — U.S. Criminal Code, Section 1010, Title 18, U.S.C., "Federal Housing Administration transactions", provides in part "Whoever, for the purpose of in fluencing in any way the action of auch Administration ... makes, passes, utters, or entries an extrement of any may are than two years, or both."

Date Signed

SECTION 1: THE CONTRACTOR -- REFERENCES AND CREDIT ANALYSIS

1. THE CONTRACTOR -- REFERENCES AND CREDIT ANALYSIS

I. Contractor References

The contractor must fill out the following pages for his/her three most recently-completed housing projects.

--- PROJECT # 1 ---

Project Name:			
Total Units:			
Development Type:	Housing	Type:	Project Style:
Rental	Single	Family Detached	Townhouse
Ownership	Single Family Attached		Low-Rise
Commercial	Condominium		Mid-Rise
	Coopera	ative	High-Rise
Total Development Co	st:	\$	
Total Sales:		\$	
Construction Loan Am	ioui.†:	\$	_
Construction Lender			
Contact Person:			
Address:			
		Z	ip Code:
Telephone:			

CONTRACTOR REFERENCES

--- PROJECT # 2 ---

Project Name:		
Location:		
		
Total Units:		
Date Completed:		
Development Type:	Housing Type:	Project Style:
Rental	Single Family Detached	Townhouse
Ownership	Single Family Attached	Low-Rise
Commercial	Condominium	Mid-Rise
	Cooperative	High-Rise
Total Development Cos	st: \$	
Total Sales:	\$	
Construction Loan Amo		
Construction Lender:		
Contact Person:		
Address:		
		Zip Code:
Telephone:		

CONTRACTOR REFERENCES

--- PROJECT # 3 ---

Project Name:			
m + 1 11 14			
Date Completed:			
Development Type:	Housin	g Type:	Project Style:
Rental	Single	Family Detached	Townhouse
Ownership	Single	Family Attached	Low-Rise
Commercial	Condominium		Mid-Rise
	Cooper	ativ⊬	High-Rise
Total Development C	ost:	\$	
Total Sales:		\$	
Construction Loan A	moun":	\$ <u> </u>	
Construction Lender	:		
Contact Person:			
Address:			
		Z	ip Code:
Telephone:			

11. Contractor -- Credit And Financial Analysis

Name:	
Address:	
Telephone #: ()	Tax I.D.
	state and year o
Name:	
Address:	
	Tax I.D.
Telephone #: (Tax I.D. ector is a corporation and is a subsidiary of the following information for parent
Telephone #: (Tax I.D.
Telephone #: (Tax I.D. Ictor is a corporation and is a subsidiary of the following information for parent
Telephone #: (Tax I.D. Actor is a corporation and is a subsidiary of the following information for parent
Telephone #: (Tax I.D. actor is a corporation and is a subsidiary of the following information for parent Tax I.D.
Telephone #: (Tax I.D. Tax I.D. Tax I.D. Tax I.D. Tax I.D. in, attach corporate financial statement.
Telephone #: (Tax I.D. Ictor is a corporation and is a subsidiary of the following information for parent Tax I.D. in, attach corporate financial statement. Ictor is an individual, list:

If more than one individual, please include the above information for each person involved.

E. If the general contractor is a p name, list the individual(s) below:	
Name:	
Address:	
Telephone #: ()	S.S. #:
Trade Style Name:	
If more than one individual, please	include the above information for

each person involved.

If D or E is filled in. complete HUD Form 92/117 -- Personal Financial

If D or E is filled in, complete HUD Form 92417 -- Personal Financial and Credit Statement -- beginning on page 56.

111. Credit Reference Authorization -- General Contractor

Social Security #:	
Social Security #:	
Home Address:	
Talanhana	
Telephone:	
Agency and their a information regard accounts, credit of may require in common MHFA mortgage fund. This form MAY BE RITHE ORIGINAL CONSERVATION obtains the information obtains expedite the process.	consent to have the Massachusetts Housing Finantssigned credit bureau obtain any and alling my employment, checking and or savings bligations, and all other credit matters which mection with my application for a commitment of under the Homeownership Opportunity Program. EPRODUCED AND THAT COPY SHALL BE AS EFFECTIVE NT which I have signed. E assigned credit bureau may call me to clarified in my application or credit history in ordersing of my application. I can be reached at
following telephon-	numbers during the day:
	numbers during the day: Times available: FromTo
Number: ()	e numbers during the day:
	e numbers during the day:
Number: ()	e numbers during the day:Times available: FromTo
Number: ()	Times available: FromTo

IV. Financial Statements -- Form 92417

Financial statements for individuals must be on the attached form 92417; must be completed and signed in accordance with the instructions; and must be current within six months of the date of the application for HOP funding. Financial statements for corporations must be prepared by a certified public accountant or a public accountant independent from the corporation. The statement may be audited or not audited but must contain the certified public accountant's <u>or</u> public accountant's opinion as to the statement. An audited statement must be current within one year. An unaudited statement must be current within six months.

V. Instructions for Completing Personal Financial and Credit Statement

Preface

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Current Assets

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Accounts Receivable and Notes Receivables: For amounts listed, also complete the section entitled, "Accounts and Notes Receivable". If account receivables include syndication proceeds, list syndicator's name, address, phone number, and contact person, and project name and address.

Stocks and Bonds: In lieu of completing Schedule A, a current broker's statement may be submitted.

Real Property: The amount entered in the "Real Property at Net" section of Assets should be determined after completing Schedule B-Real Property.

Other Assets: Include IRA and Keough Accounts with depository name and account numbers. If personal property is included, describe and attach method by which property has been valued. For all personal property included, list current portion of personal debt under liabilities section, "Debt Payable in less than one year secured by chattel mortgages or other liens on assets".

Current Liabilities

Accounts Payable and Notes Payable: For amounts listed, also complete the section entitled, "Accounts and Notes Payable".

Debts payable in less than one year (secured by mortgages on land and buildings): Include the portion of current payments for mortgages on land and buildings which are not self-supporting. Do not include current mortgage payments for personal residence(s) or self-supporting income property(s).

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<u>Pledged Assets:</u> Indicate type of asset pledged to secure letters of credit, passbook loans, and accounts used for purchase of stock options, etc.

VI. General Contractor's Questionnaire

	ppreximate dolla rs. <u>\$</u>	ar amount of contracts	completed in the
Project	<u> </u>	Contract Amount	Bonded (Yes No
Indicate the approx last three years.	imat amount of \$	insurance coverage obt	ained for the
Insurance C	ompany		
state agency or aut	hority for compl or policies conce	obation or disbarment b liance violations resper erning equal employment	cting federal or
, , , , , , , , , , , , , , , , , , ,	.es	No	
If "yes", describe.			

Are any collitigation			he genera	il cont	tractor is a	party u	nder
		Yes		No	+		
		claimant, and presen			approximate	amount	of claim(s),
Has the ge	eneral co	ntractor e	ver faile	ed to o	complete a p	ruject:	
		Yes		No			
If "yes",	describe						
Describe t	the work	customaril,	y perform	ned by	the general	contrac	tor.

Complete the General Contractor's Work in Process:

																				Job Name		
																				No. of Unite		
i de la companya de l																				Location		
																				Contact Person	Owner	
																				Funding Authority		
																				Contract Amount		
																				Date Complete	Completion	
																				Complete	Percent	

Personal Financial and redit Statement

U.S Department of Housing and Urban Development Office of Housing — Federal Housing Commissioner



OMB No 2502-0001 (Exp. 6-30-86

HUD-82417 (4-85 24 CFR 200 14 Maturity Date Menumiy 15054 A KOLA • • Marchy Date Maturing Date ASTOUR * * Debts payable in more than one year (secured by morpages on land and buildings). Debts payable in more than one year massers; on assers; Debts payable in less than one year secured by morpages on land and buildings Debts payeble in less than one year (secured by onaire morpages or other term on assets) Liabilities and Net Worth Total Liabilities and Net Worth coment Sabilities: Total Curent Liabilities. Other sabilities describe) Accounts Payable Offerfing Lebiny Offerting Liability Offsetting Labitity Total Liabilities Notes Payable Net Worth A30'635 Other (O)* ě B O 18 21 Petatne Amount Amount Total * Now Il more apare it mounts us a separate sheet of paper. Replaces FMA-2417 which is obsolete Balance • • * 49 Coar including impowements less depreciation. Accounts and Notes Receivable. Type (P.E.A.e.O.) Name. Accounts and Notes Payable Type (F.E.N.O.), Name Stocks and Bonds — Market Value (Schoolur A — reverse adds) Machinery Equipment and Fixtures at ret Ymer Current Assets presorbe Less Doubtful Accounts Cash or hand in banks ferne of deposition Real Property — 81 net *
Gonedus 8 — reverse ade; Accounts Receivable Other Assets steambe, Piedged Assets
Type Pedged Less Doubriul Notes Total Current Assets Life insurance (Cert new test toms) Definguencies Type Lebiny Notes Receivable Type P.E.R. O.D. PP P.ERGO Type P.E.R.W.O. Project P and Total Assets Type Liability Type Predoed Type Predoed Assets

Schedule A — Stocks and Bonds	Ourset Maner Value If Listed Name Exchange	B Eschange
	Bote of this Statement)	
		
David Description		
400	Original Cost Market Value	Assessed Mortgaged Insured
		I D
Totals		
e nive to all pleces of the above-described real astate to acially at my	name ascept as follows:	
Location of Real Property Nan	Name of Title Holders	
Bank and/or Trade References		American Minimus
Neme and Address		
I hareby certify that the foregoing figures and the statements contained here, submitted to obtain mortgage insurance under the National Housing. Act, are true and give a correct showing of my financial condition as of this date.	, submitted to obtain mort, date.	gage insurance under the National Mousing
Name		Data Signed

Legal Proceedings

SECTION J: PROJECT FEASIBILITY:

PRO FORMA AND PROFIT ANALYSIS

I. Development Cost (Pro Forma) Information

Development Items:	Total Costs	Per Unit Costs
Site Acquisition	\$	\$
Hard Costs:		
(a) Site Preparation	\$	\$
(b) Landscaping	\$	\$
(c) Residential Construction	\$	\$
(d) Subtotal Hard Costs	\$	\$
(e) Contingency	\$	\$
(f) Total Hard Costs	\$	\$
Soft Costs:		
(g) Permits Surveys	\$	\$
(h) Architectural	\$	\$
(i) Engineering	\$	\$
(j) Legal	\$	\$
(k) Insurance	\$	\$
(1) Security	\$	\$
(m) Developer's Fee	\$	\$
(n) Construction Manager	\$	\$
(o) Property Manager	\$	\$
(p) Construction Interest	\$	\$
(q) Financing Application Fees	\$	\$
(r) Utilities	\$	\$
(s) Maintainence (unsold units)	\$	\$
(t) Accounting	\$	\$
(u) Marketing	\$	\$
(v) Commissions	\$	\$
(w) Subtotal soft costs	\$	\$
(x) Contingency	\$	\$
(y) Total Soft Costs	\$	\$
Total Development Costs	\$	\$

II. PROFIT ANALYSIS (Should conform to information on Pro Forma)

Source:

(b) (c) (d)	HOP Projected Sales MHFA Projected Sales Public Housing Sales Market Sales Public Grants (if any)	\$ \$
(f)) Total Sales plus Grants	\$
	<u>Uses</u> :	
(g)) Total Development Costs	\$
	Total Profit (f - g) Percentage Profit (h/g)	\$
	Financing:	
(j) Total MHFA financing ([a + b] x 95%)	\$
(k)) HOP subsidy funds (# of HOP units x \$13,000)	\$
er squa	alysis: Provide the total building are foot for each of the following rmation provided on the Pro Forma.	
ο .	Total Building Square Footage:	
0 (Construction Costs per Square Foot:	\$
o I	Hard Costs per Square Foot:	\$
o .	Total Development Costs per Square 1	Foot: \$
0 9	Sales per Square Foot:	\$

SECTION K: HOUSING MARKET INFORMATION

K. HOUSING MARKET INFORMATION

I. Comparables

List three recent comparable sales in the community in which the project will be located. Indicate source of information:

1.	Property Address: No. of Bedrooms: Sq. Footage (Living Space): Sales Frice: Date Sold: Source Name: Telephone No.:	
2.	Property Address: No. of Bedrooms: Sq. Footage (Lining Space): Sales Price: Date Sold: Source Name: Telephone No.:	
3.	Property Address: No. of Bedrooms: Sq. Footage (Living Space): Sales Price: Date Sold: Source Name: Telephone No.:	

List basic similarities and differences between the proposed $\ensuremath{\mathsf{HOP}}$ project units and the comparables.

II. Optional Market Study

MHFA staff conducts a market review of comparable housing developments located within the community and the area. While not required, developers are encouraged to submit market studies to support the marketability and projected absorption of their projects. If submitted, the market study should be consistent with the guidelines below. If a market study is not submitted, MHFA staff will prepare their own evaluations of marketability and projected absorption rates.

Guidelines for Preparing Optional Market Analysis for HOP Projects

The narrative market analysis should include the following:

- A. Executive Summary and Methodology
- B. Project Description and Site Analysis
- C. Neighborhood and Regional Descriptions
- D. Real Estate Profile of Existing Housing
- E. Market Position and Competitive Analysis
- F. Demand Assessment
- G. Findings and Recommendations

Within each major topic, certain information should be included:

A. Executive Summary and Methodology

- o Provide a trief synopsis of the property's market potential by discussing the purpose and findings of the study.
- o Briefly discuss the methodology used to conduct the market study, including its limitations.

B. Project Description and Site Analysis

o Provide th∈ following project information:

Project name, location, housing development proposal, including number, size and type of units, description of amenities, and range of services.

o Provide a location analysis and identify critical factors that will be particularly significant for the proposed project, including relation to major roadways, transportation, shopping, employment centers, other residential developments, etc.

C. Neighborhood and Regional Descriptions

- o Analyze existing market conditions, as follows:
 - Discuss current industry outlook and trends;
 - Identify the market area(s) for the proposed development. Explain reasons for your choice. Include map of market area(s).
 - Discuss trends in the target market over the previous 5 to 10 years, by size of population, are ranges, number of households, and household size. Decelop a target market profile for this project. Comment on the implications of this data for the project.
 - Evaluate the current state of the area's economy, focusing on employment base of the area and the types of industry expected to grow during the next 5 to 10 years.
 - Analyze income levels and asset bases of the target populations, including households and per capita incomes, homeownership rates, household budgets. Discuss the implications for affordability and ownership.

D. Real Estate Frofile of Housing Market

- o In table form, analyze existing housing stock. Break out single family, multi-family, condominiums; age of the housing stock and its general condition; owner-occupied vs. rental housing. Identify and discuss market segments.
- o Discuss construction activity in the housing market, including the number of housing units permitted and built in the last five years.
- o Discuss real estate activity in the local housing market, such as number of sales and price levels, relative strength of housing trends over time.
- o Discuss implications of the data for the proposed project, focusing on the need for the affordable and market-rate units being offered.

E. Market Position and Competitive Analysis

o Identify bases of comparison between proposed and competitive properties discussed in this section. Present reasons for the choice of comparisons.



- o Identify scope of future competition, including number and type of units proposed, existing, under construction, and recently constructed that may be in competition with the proposed project; review number of units, price ranges, amenities, target market, and sales pace experience.
- o Compare the proposed housing with 4-5 competitive properties, including unit type, number, and size, location, sales prices, amenities, target market and any specific features.
- o Discuss implications of competitive activity.

F. Demand Assessment

- o Identify market segments, both for affordable and market rate units. Discuss market position of the proposed development.
- o Indicate whether sufficient domand exists for the mixed-income development by providing support data.
- o Identify any marketing strategies that should be considered.
- G. Findings and becommendations

SECTION L: ARCHITECTURAL MATERIALS AND SPECIFICATIONS

L. ARCHITECTURAL MATERIALS AND SPECIFICATIONS

- 1. The following architectural materials and specifications must be submitted. Please fold architectural plans and submit three sets with this application package.
 - A. One set of preliminary drawings signed by a registered architect or engineer (not larger than 30° x 42°).
 - o Cover sheet showing written tabulation of:
 - Proposed buildings by type and size.
 - Dwelling unit distribution by floor, size, bedroom/bath number, and handicapped designation.
 - Square footage breakdown between commercial, residential, community and other usage in the buildings.
 - Number of parking spaces, parking ratio required and proposed.
 - Dwelling units per acre under proposed zoning.
 - Percentage breakdown of the tract to be occupied by buildings, by parking and other paved vehicular areas, and open areas.
 - o Site plan showing:
 - Lot lines, streets and existing buildings.
 - Proposed billding footprint, parking, site improvements and general dimensions.
 - Zoning restrictions (i.e. setback requirements, easements, height restrictions, etc.).
 - Wetlands, contours, ledge and other environmental constraints.
 - o Utilities plan showing:
 - Existing and proposed locations and types of sewage, water, drainage facilities, and etc.
 - o Graphic description of the design concept showing:
 - Typical building plan.
 - Typical unit plan with square footage tabulation.
 - Elevation, section, perspective or photograph.
 - Typical wall section.

- B. One set of written documents showing:
 - o Soils report or borings for new construction and or structural report of existing building for rehabilitation.
 - o An original L.S. Geological Survey map showing location of the site.

11. HOP PROJECT CONSTRUCTION SPECIFICATION SHEET

PROJECT NAME:			
Please list all your cons differences among the HOP rate units.	truction speci units, the pu	fications, iden blic housing un	tifying any its, and the market
Foundation Type:			
Floor Frame:			
Exterior Wall Framing:			
Wall Sheathing:			
Exterior Wall Material:			
Roof Framing:			
Roof Sheathing:			
Roof Material:			
Interior Wall Framing:			
Insulation Level:			
Windows:			
Exterior Door:			
Heating System:			
Air Conditioning:			
Appliances (use G for gas and E for electric)	Dryei Washe Micro	ng Range Hookup er Hookup owave Oven ection Oven	Range Hood Disposal Refrigerator Dishwasher
Interior Finish			
Exterior Deck			

111. MASSACHUSETTS HOUSING FINANCE AGENCY -- ENERGY BUDGET REQUEST

This form must be submitted for any project proposing to use a fuel source other than the least expensive fuel source:

Project Name	MHFA Project No.		
Unit/Building Type			
Construction Type	Location		
Describe and/or sketch unit an unit; 1 BR ground floor flat,			
	Area in Sq. Ft.	Un. Value	
Ext. Wall			
Glass			
Roof			
Ext. Floor Perimeter L'		0.550	
Total Sq. Ft. this unit			
Height			
Number of Bedrooms			
Heating System Type & Fuel			
Amenities Please indicate		() (1 1)	
() Hot Water () Air Cond	Mitioning () Cooking	() Clothes Dryer	
Your name and title:			
Firm Te	elephone	Date	



Report Binder Jock No./Color

80579

Black Lt. Blue Dk. Blue

Rust Exec. Red

MADE IN THE US

